| Interview Summary | Application No. | | Applicant(s) | |
|---|--|--|---|--------------------------------|
| | 10/774,603 | | FOSSUM, ERIC R. | |
| | Examiner | | Art Unit | |
| | Nelson D. Hernán | dez | 2622 | |
| All participants (applicant, applicant's representative, PTO personnel): | | | | |
| (1) <u>Nelson D. Hernández</u> . | (3) | | | |
| (2) <u>Gianni Minutoli</u> . | (4) | | | |
| Date of Interview: 10 January 2007. | | | | |
| Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)□ applicant's representative] | | | | |
| Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: | | | | |
| Claim(s) discussed: | | | | |
| Identification of prior art discussed: | | | | |
| Agreement with respect to the claims f) was reached. g) was not reached. h) № N/A. | | | | |
| Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>The Examiner placed a phone call to Gianni Minutoli (Attorney on Record) to indicate that another to explain the situation and to indicate that a Supplemental Office Action would be made to replace the Office Action mailed on January 11, 2008 so that the Applicants do not need to respond to the Office Action mailed on January 11, 2007.</u> | | | | |
| (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) | | | | |
| THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet. | last Office action OF ONE MONTH ERVIEW SUMMA | has already OR THIRTY RY FORM, \ | been filed, APP 'DAYS FROM T WHICHEVER IS | LICANT IS THIS LATER, TO |
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| | SUPF | DINGCON S | IYE METENIT EXAMIN | ER |
| Examiner Note: You must sign this form unless it is an | | | | |
| Attachment to a signed Office action. | Examiner's signature, if required | | | |